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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	5/1262
	First Named Inventor	Frank Himmelsbach
	COMPLETE IF KNOWN	
	Application Number	10 / 016,280
	Filing Date	December 10, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BICYCLIC HETEROCYCLES, PHARMACEUTICAL COMPOSITIONS CONTAINING THESE COMPOUNDS, THEIR USE AND PROCESSES FOR PREPARING THEM

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/10/2001 as United States Application Number or PCT International

Application Number 10/016,280 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
100 23 085.7	DE	05/11/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
199 28 281.1	DE	06/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

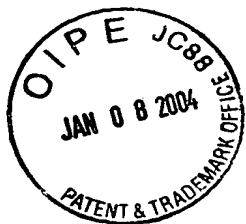
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/146,644	07/30/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/05547	06/21/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number 28505

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

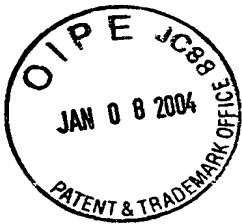
Direct all correspondence to: ☒ Customer Number or Bar Code Label 28505 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature	Date		
Residence: City	Mittelbiberach	State	Country Germany Citizenship DE
Post Office Address	Ahornweg 16		
Post Office Address			
City	Mittelbiberach	State	ZIP 88441 Country Germany

☒ Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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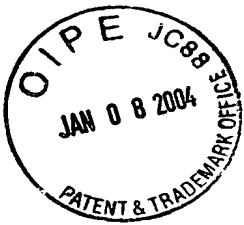
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature						Date	
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature						Date	
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
City	Wien	State		ZIP	1030	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature						Date	26.02.2002
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbingergasse 1/9						
Post Office Address							
City	Wien	State		ZIP	1230	Country	Austria

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Case No. 5/1262



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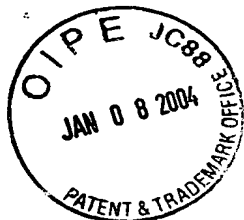
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature						Date	
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature	<i>A. Baum</i>					Date	26.02.02
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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199 28 281.1	DE	06/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OR ☒ Registered practitioner(s) name/registration number listed below

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Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

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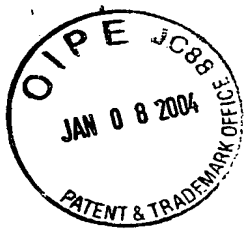
Direct all correspondence to: ☒ Customer Number or Bar Code Label 28505 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Given Name (first and middle (if any))		Family Name or Surname	
Frank		HIMMELSBACH	
Inventor's Signature	Date		01/30/02
Residence: City	Mittelbiberach	State	Country Germany Citizenship DE
Post Office Address	Ahornweg 16		
Post Office Address			
City	Mittelbiberach	State	ZIP 88441 Country Germany

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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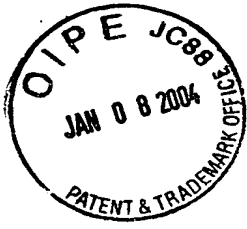
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature						Date	01/30/02
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature						Date	
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
City	Wien	State		ZIP	1030	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature						Date	
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbingergasse 1/9						
Post Office Address							
City	Wien	State		ZIP	1230	Country	Austria

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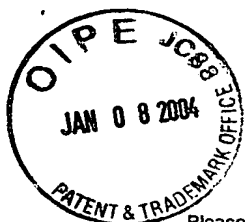
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Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature						Date	Feb 14/02
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature						Date	
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/05547	06/21/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number 28505

OR

☒ Registered practitioner(s) name/registration number listed belowPlace Customer
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Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number 28505 OR ☐ Correspondence address below

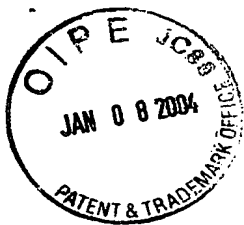
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname			
Frank		HIMMELSBACH			
Inventor's Signature				Date	
Residence: City	Mittelbiberach	State		Country	Germany
				Citizenship	DE
Post Office Address	Ahornweg 16				
Post Office Address					
City	Mittelbiberach	State		ZIP	88441
				Country	Germany

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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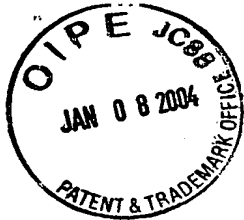
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Elke				LANGKOPF			
Inventor's Signature				Date			
Residence: City	Warthausen	State		Country	Germany	Citizenship	DE
Post Office Address	Schloss 3						
Post Office Address							
City	Warthausen	State		ZIP	88447	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				METZ			
Inventor's Signature	<i>Thomas Metz</i>			Date		01-28-02	
Residence: City	Wien	State		Country	Austria	Citizenship	DE
Post Office Address	Traungasse 6/5						
Post Office Address							
City	Wien	State		ZIP	1030	Country	Austria
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Flavio				SOLCA			
Inventor's Signature				Date			
Residence: City	Wien	State		Country	Austria	Citizenship	CH
Post Office Address	Fimbingergasse 1/9						
Post Office Address							
City	Wien	State		ZIP	1230	Country	Austria

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Birgit				JUNG			
Inventor's Signature				Date			
Residence: City	Schwabenheim	State		Country	Germany	Citizenship	DE
Post Office Address	Muehlstrasse 23						
Post Office Address							
City	Schwabenheim	State		ZIP	55270	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anke				BAUM			
Inventor's Signature				Date			
Residence: City	Alland	State		Country	Austria	Citizenship	DE
Post Office Address	Groisbach 13						
Post Office Address							
City	Alland	State		ZIP	2534	Country	Austria
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
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